_											<u></u>		
•								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								RD . /					
			0	922123	4 /	P 281	nau/						
CLAIMS AS FILED - PART I											OTHER		
(Column 1) (Column 2)								SMALL EI TYPE	∷	OR	SMALL		
TOTAL CLAIMS			3.50 =	37	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	ОЯ	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			37 minus 20=		• 17-			X\$ 9=		OR	X\$18=	306	
INDEPENDENT CLAIMS			= 1 minus 3		2			X40=		OR	X80=	186	
M	JLTIPLE DEPEN	IDENT CLAIM P	RESENT			图		+135=		OR	+270=		
- 11	the difference	in column 1 is	ess than zero, enter "0" in column 2			ı	TOTAL		į l	TOTAL	270		
5-29 05 CLAIMS AS AMENDED - PART II								IOIAL		OR	1	1448	
8	-, 274, 07, 0	(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL I						
		(Column 1) CLAIMS		(Colur	EST	PRESENT EXTRA	ſ		ADDI-			ADDI-	
AMENDMENT A		REMAINING AFTER		NUM PREVK			F	RATE	TIONAL	.	RATE	TIONAL	
		AMENDMENT		PAID		ļ, I	ŀ		FEE		<u></u>	FEE	
	Total	· 36	Minus	• 3	<u>'/</u>	= /		X\$ 9=		OR	X\$18=	j	
	Independent	• 5	Minus	*** <u>5</u>	- 01 4144	= /		X40=	1	OR	X80=	/	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				U		+135=	1	0.0	+270= /			
							L	TOTAL	_	OR	TOTAL		
								ADDIT. FEE					
_	Control and the Control of the Contr	(Column 1)		(Colui		(Column 3)							
AMENDMENT B		REMAINING		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI-		5.75	ADDI-	
		AFTER AMENDMENT							TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C		CLAIM			740-		OR	700-				
					-			+135=		OR	+270=		
								TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)										•	ADDII. 1 EE		
AMENDMENT C	1 / 14	CLAIMS	VIS SIN		EST		Г		ADDI-		1	ADDI-	
		REMAINING AFTER		PREVIO	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
		AMENDMENT PAID FO		FOR	 			FEE	,		FEE		
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	<u> </u>			=	ſ	X40=		OR	X80=			
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE													
		mber Previously Pai ber Previously Pai					r four	nd in the app	ropriate bo	in col	umn 1.		